

FILED
Jun 06, 2007 8:00 am
Secretary of State

05-03-2007 90061 020 ***150.00

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P92000012074		
1. Entity Name ARDMORE PROPERTIES, INC.		
Principal Place of Business 506 NORTH RIVERSIDE DRIVE NEW SMYRNA BEACH, FL 32168 US		Mailing Address P.O. BOX 1685 NEW SMYRNA BEACH, FL 32170 US
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent OSWALD, KENNETH F 600 COURTLAND STREET SUITE 110 ORLANDO, FL 32804		DO NOT WRITE IN THIS SPACE
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.		
SIGNATURE: _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renewing) DATE _____		
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD EVANS, JERRY C P O BOX 1685 NEW SMYRNA BEACH, FL 321701685	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S EVANS, LAURA M PO BOX 1685 NEW SMYRNA BEACH, FL 321701685	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
DO NOT WRITE IN THIS SPACE		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.		
SIGNATURE: <u><i>Jerry C. Evans</i></u> Jerry C. Evans		04/23/07 386-423-8884
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P92000012074 1. Entity Name ARDMORE PROPERTIES, INC.	
---	---

Principal Place of Business 506 NORTH RIVERSIDE DRIVE NEW SMYRNA BEACH, FL 32168 US	Mailing Address P.O. BOX 1685 NEW SMYRNA BEACH, FL 32170 US
---	---

DO NOT WRITE IN THIS SPACE

01222007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3159375	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**OSWALD, KENNETH F
600 COURTLAND STREET
SUITE 110
ORLANDO, FL 32804**

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	EVANS, JERRY C
STREET ADDRESS	P O BOX 1685
CITY- ST- ZIP	NEW SMYRNA BEACH, FL 321701685
TITLE	S
NAME	EVANS, LAURA M
STREET ADDRESS	PO BOX 1685
CITY- ST- ZIP	NEW SMYRNA BEACH, FL 321701685
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: By *Jerry C. Evans* **Jerry C. Evans** 5/30/07 **386-423-8884**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #